

# Employee Well-Being during Electronic Health Record Modernization (EHRM)



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## Issue

EHR transitions are notable for being stressful for clinicians and disruptive to clinical care [1, 2]. We conducted a mixed-methods quality improvement evaluation using surveys and interviews 1-month before go-live of the new EHR, 2-3 months post go-live, and 10-12 months post go-live with employees at two EHR transition sites: Spokane and Columbus VA medical centers. We report pre-post transition changes in employee well-being, including EHR- and job-related stress and satisfaction, frustration, and burnout, from both sites.

## Methods

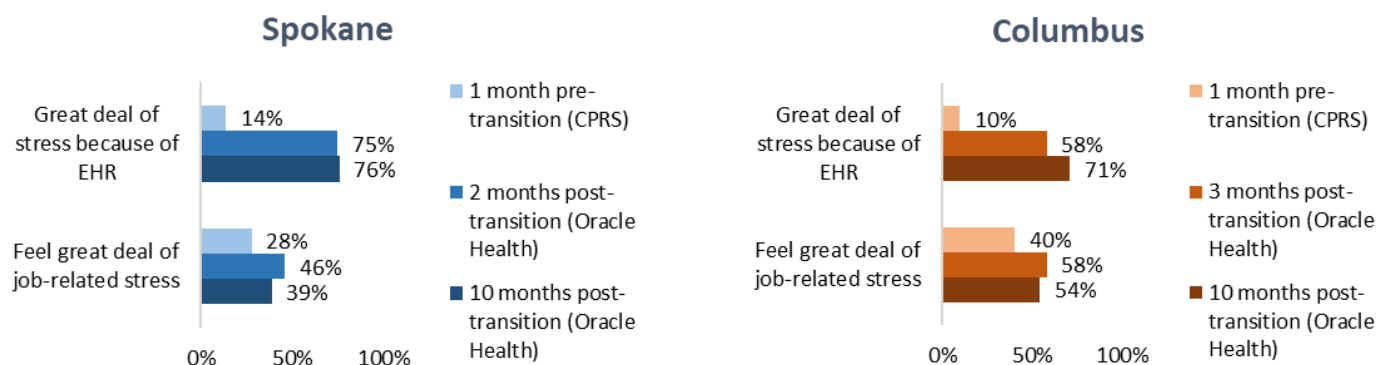
Interviews were conducted with 30 Spokane employees and 27 Columbus employees. Healthcare staff were surveyed across three timepoints at Spokane (n=25, n=25, n=16) and Columbus (n=408, n=458, n=492).

## Key Findings

In both surveys and interviews, staff reported higher levels of stress and frustration and lower overall EHR and job satisfaction following the transition to the new EHR. Burnout also increased after go-live and remained above pre-go-live levels 10 months later.

### Stress before and after go-live:

- Stress because of the EHR increased significantly at both sites after go-live.
- Job-related stress also increased in the post-transition period, but to a lesser degree.

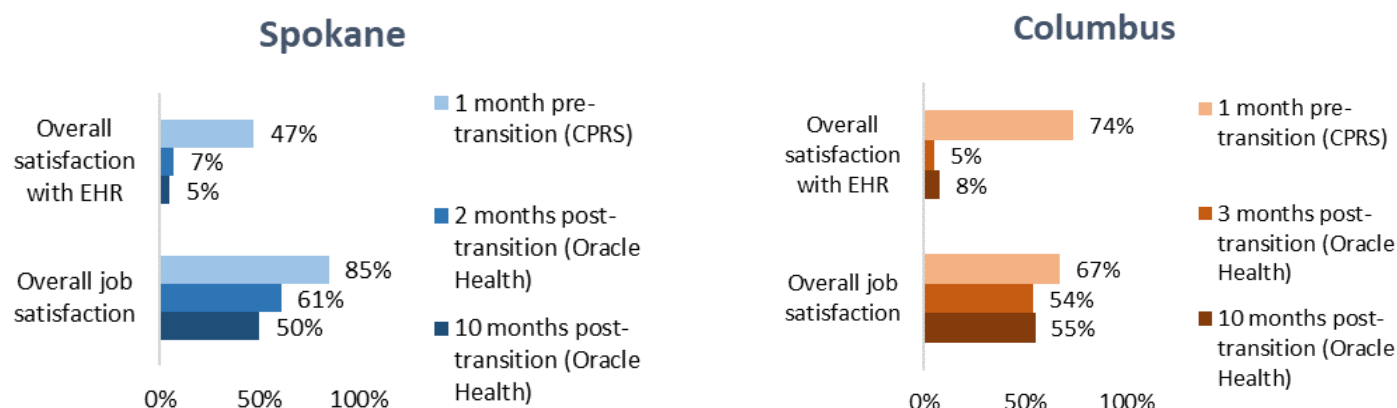


“...I’m just exhausted. I loved my job before Cerner. I love my patients now but not my job. I hate feeling like that. It makes me absolutely nauseous. I have literally sat in the car and contemplated calling off because I just didn’t want to go in and deal with it ... It’s a horrible program. It has made me take worse care of my patients.”

(E220, 10-month post interview, Columbus)

## Satisfaction and frustration before and after go-live:

- Satisfaction with the EHR decreased significantly at both sites after go-live.
- Job satisfaction also decreased after go-live, but to a lesser extent.
- Staff felt frustrated with EHR usability and limited opportunities for improvement.

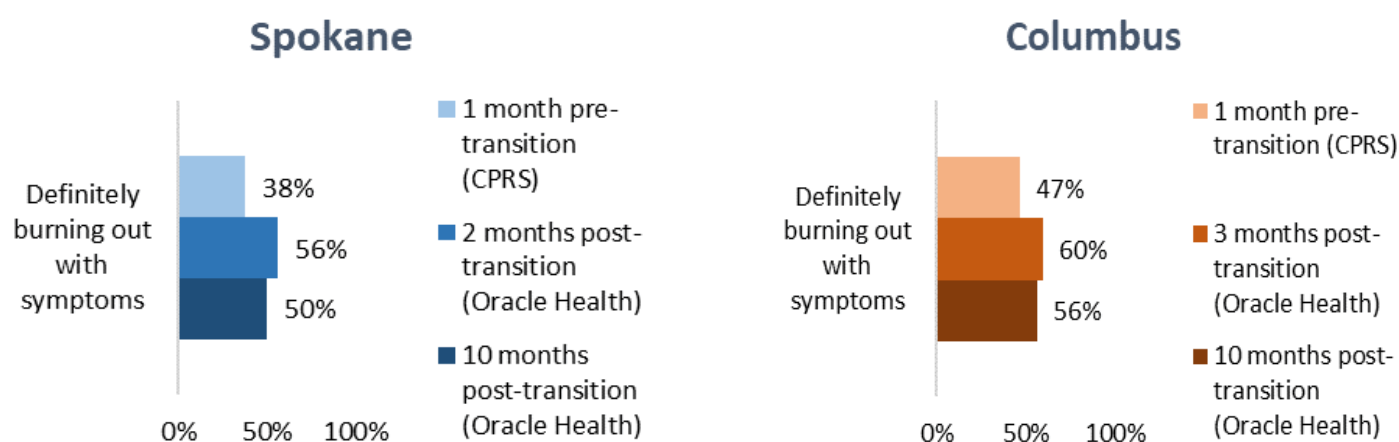


“... it is **not simple, not user friendly**, there are **too many places to go for the same information** with the **inability to find other things**... Of all of the medical EHR systems that I have used over my medical career, **this is by far the worst.**”

(R195, 10-month post-go-live survey, Columbus)

## Burnout before and after go-live:

- Burnout increased at both sites after go-live and then decreased slightly at 10 months – yet still remained at 50% or higher.



“I’ve worked for the VA [for several years], and going to lie ... **for the first time ever in my career ... I am seriously fighting burnout.** And I have been fighting burnout for about 2 or 3 weeks. And I mean, **I have never, ever, ever felt this way ever.**” (P10, 2-month post interview, Spokane)

## Implications

Employee well-being worsened at two of the first sites to implement the new EHR and did not recover almost a year after the transition. Our findings are consistent with existing literature on the impact of EHR implementation on employee well-being [2] and indicate that healthcare organizations must take steps to safeguard and enhance employee well-being during EHR transitions. Additional attention is needed to proactively support and protect employee well-being (e.g., mitigate burnout, foster psychological resources) as well as improve and recover well-being during EHR transitions.

Below are some actionable ways to support employee well-being during EHRM based on our findings:

### Actionable Strategies

#### Establish a Communications Plan

- Seek feedback and listen to employees throughout the transition. Provide outlets or forums for feedback including town halls, staff meetings, lunch and learns, etc.
- Provide timely, transparent communication from national, regional, and local leadership about the EHRM schedule, known pain points, and the anticipated impact on clinical care to keep employees informed of EHR transition progress.
- Openly acknowledge EHR transition difficulties. Ensure that employees feel valued and heard when sharing their experiences.

#### Provide and Reinforce Employee Support

- Promote employee support programs (i.e., EAP) and encourage employees to use resources, including Whole Health offerings (e.g., meditation, acupuncture, yoga, tai chi, etc.), to address stress and burnout.
- Consider establishing a well-being board or committee that is explicitly focused on supporting clinician well-being during EHRM.
- Set realistic expectations about workload during the transition. Explore temporary staffing solutions (e.g., services from the National EHRM Supplemental Staffing Unit).
- Emphasize the importance of taking breaks and mealtimes and ensure break coverage.
- Reinforce social and peer support networks as comradery had a protective effect on employee morale.
- Allocate enough time for training and practice to learn the new system and role-specific workflows.

#### Integrate End Users in Transition Efforts

- Engage employees in the decision-making process and empower end users to inform continuous improvement efforts that optimize EHR usability, adapt clinical workflows, and improve end-user acceptability and experience.

## For More Information

- Questions about these findings can be directed to [VHAEmpiricProject@va.gov](mailto:VHAEmpiricProject@va.gov)

**Recommended Citation:** EMPIRIC QUERI Evaluation Team. Electronic Health Record Modernization (EHRM) and Employee Well-being Evidence Brief. 2023.

## References

1. Huang C, Koppel R, McGreevey JD, 3rd, Craven CK, Schreiber R. Transitions from One Electronic Health Record to Another: Challenges, Pitfalls, and Recommendations. *Appl Clin Inform.* Oct 2020;11(5):742-754. doi:10.1055/s-0040-1718535
2. Heponiemi T, Gluschkoff K, Vehko T, et al. Electronic Health Record Implementations and Insufficient Training Endanger Nurses' Well-being: Cross-sectional Survey Study. *J Med Internet Res.* Dec 232021;23(12):e27096. doi:10.2196/27096

Last updated: December 22, 2023